

EXHIBIT

D

Policy Number
5031763596
Renewal of Number
5031690768

COMPAC III
COMMON POLICY DECLARATIONS

CRUM & FORSTER INDEMNITY COMPANY

Item 1. Named Insured and Mailing Address

TRATAROS CONSTRUCTION INC.
(SEE NAMED INSURED ENDT)
664 64TH STREET
BROOKLYN, NY 11220-0000

Agent Name and Address

ALLIED COVERAGE CORP
390 NORTH BRDWY
JERICHO NY 117530000

RETURN TO
COMPANY
IF CANCELLED

Item 2. Policy Period

From: 04-01-99

C60688

To: 04-01-00

at 12:01 A.M., Standard Time at your mailing address shown above.

Item 3. Business Description: CONSTRUCTION

Form of Business: CORPORATION

Item 4. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)

Premium

Commercial Property Coverage Part	\$	8,058.00
Commercial General Liability Coverage Part	\$	NOT COVERED
Commercial Crime Coverage Part	\$	
Commercial Inland Marine Coverage Part	\$	
Commercial Auto (Business or Truckers) Coverage Part	\$	NOT COVERED
Commercial Garage Coverage Part	\$	NOT COVERED
BOILER COVERAGE PART	\$	
	\$	
	\$	

TAX / SURCHARGE \$ 40.28 Total Policy Premium \$

Direct Bill See Premium Payment Schedule Client No. 00625554

Audit Period: Annual (unless otherwise stated):

Monthly Quarterly Semi-Annual Other (Describe) WAIVED

Item 5. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

Countersigned:

Date: _____ By: _____

Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number
5031690768
Renewal of Number
5031312183

COMPAC III

COMMON POLICY DECLARATIONS

UNITED STATES FIRE INSURANCE COMPANY

Item 1. Named Insured and Mailing Address		Agent Name and Address
TRATAROS CONSTRUCTION INC 664 64TH STREET BROOKLYN NY 11220 0000		ALLIED COVERAGE CORP 390 NORTH BRDWY JERICHO NY 117530000
RETURN TO COMPANY IF CANCELLED		
C60688		
Item 2. Policy Period	From: at 12:01 A.M., Standard Time	To: 04-01-98 04-01-99 at your mailing address shown above.

Item 3. Business Description: CONSTRUCTION
Form of Business: CORPORATION

This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is

Coverage Part(s)	Premium
Commercial Property Coverage Part	\$
Commercial General Liability Coverage Part	\$
Commercial Crime Coverage Part	\$
Commercial Inland Marine Coverage Part	\$
Commercial Auto (Business or Truckers) Coverage Part	\$
Commercial Garage Coverage Part	\$
BOILER COVERAGE PART	\$
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TAX / SURCHARGE	\$	Total Policy Premium	\$
<input type="checkbox"/> Direct Bill <input checked="" type="checkbox"/> See Premium Payment Schedule		Client No. 00625554	
Audit Period: Annual (unless otherwise stated):			
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Other (Describe)			

Item 5. Forms and Endorsements	
Form(s) and Endorsement(s) made a part of this policy at time of issue: See Schedule of Forms and Endorsements	

Countersigned:

Date: _____ By: _____

Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number
5031690768**Crum&Forster**
InsuranceSCHEDULE OF FORMS AND ENDORSEMENTS
UNITED STATES FIRE INSURANCE COMPANYNamed Insured TRATAROS CONSTRUCTION INC
Agent Name ALLIED COVERAGE CORPEffective Date: 04-01-98
12:01 A.M., Standard Time
Agent No. C60688

COMMON POLICY FORMS AND ENDORSEMENTS

FM 600.0.959	04-94	COMPAC III - DEC
FM 206.0.2	04-94	SCHEDULE OF FORMS AND ENDORSEMENTS
FM 206.0.3	04-94	SCHEDULE OF LOCATIONS
FM 206.0.8	04-94	TAXES/SURCHARGES DETAILED BREAKDOWN
FM 600.0.963	04-94	PREMIUM PAYMENT SCHEDULE
FM 101.0.867	08-85	COMMON POLICY CONDITIONS
IL 00 21	11-85	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
IL 01 83	03-95	NY CHANGES - FRAUD
IL 01 85	10-95	NEW YORK CHANGES-CALCULATION OF PREMIUM
IL 02 68	09-95	NY CHANGES-CANC & NONRENEWAL

PROPERTY FORMS AND ENDORSEMENTS

FM 600.0.960	04-94	COMM PROPERTY COV PART DEC
CP 00 10	10-91	BUILDING & PERSONAL PROPERTY COVERAGE FM
CP 00 30	10-91	BUSINESS INCOME COVERAGE FORM (W/EX EXP)
CP 00 90	07-88	COMMERCIAL PROPERTY CONDITIONS
CP 01 33	06-95	NEW YORK CHANGES
CP 99 92	11-85	HOUSEHOLD PROPERTY COVERAGE
FM 600.0.900	04-89	PROP ENH ENDT
CP 10 30	10-91	CAUSES OF LOSS - SPECIAL FORM
CP 99 93	10-90	TENTATIVE RATE

GENERAL LIABILITY FORMS AND ENDORSEMENTS

FM 101.0.1252	12-90	ABSOLUTE ASBESTOS EXCLUSION
CG 00 01	01-96	CGL COV FORM (OCCURRENCE)
FM 101.0.1404	04-94	COMM GL COV PART SUPP DECLARATION
FM 101.0.1405	04-94	COMM GL COV PART SUPP DECLARATION
CG 01 04	10-93	NEW YORK CHANGES - PREMIUM AUDIT
CG 01 63	01-96	NY CHANGES COMMERCIAL GL COV FORM
CG 26 11	01-96	NY CHANGES PROD/COMP/OPER LIAB COV FORM
CG 26 24	08-92	NEW YORK CHANGES LEGAL ACTION AGAINST US
FM 101.0.1461	03-95	GL ENHANCEMENT ENDT - NY
CG 21 47	09-89	EMPLOYMENT-RELATED PRACTICES EXCL

CRIME FORMS AND ENDORSEMENTS

CR 00 01	10-90	EMPLOYEE DISHONESTY COV FORM BLANKET
FM 600.0.961	04-94	CRIME COV PART SUPPLEMENT DEC
FM 600.0.962	04-94	CRIME COV PART SUPPLEMENT DEC
CR 00 05	10-90	ROBBERY AND SAFE BURGLARY COVERAGE FORM
CR 10 00	06-95	CRIME GENERAL PROVISIONS
CR 01 34	06-95	NY CHANGES

INLAND MARINE FORMS AND ENDORSEMENTS

FM 300.0.907	04-94	INLAND MARINE SUPP COV PART DEC
CM 00 01	06-95	COMMERCIAL IM CONDITIONS
FM 300.0.832	12-95	DATA PROCESSING COV FORM

FORMS AND ENDORSEMENTS

FM 600.0.838	07-87	BOILER AND MACHINERY COVERAGE PART DEC
FM 600.0.910	01-91	BOILER AND MACHINERY COVERAGE FORM

Policy Number
5031690768**Crum&Forster
Insurance**SCHEDULE OF FORMS AND ENDORSEMENTS
UNITED STATES FIRE INSURANCE COMPANYNamed Insured TRATAROS CONSTRUCTION INC
Agent Name ALLIED COVERAGE CORPEffective Date: 04-01-98
12:01 A.M., Standard Time
Agent No. C60688

COMMON POLICY FORMS AND ENDORSEMENTS

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FM 206.0.2	04-94	SCHEDULE OF FORMS AND ENDORSEMENTS
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FORMS AND ENDORSEMENTS

FM 600.0.838	07-87	BOILER AND MACHINERY COVERAGE PART DEC
FM 600.0.910	01-91	BOILER AND MACHINERY COVERAGE FORM

INTERLINE
IL 02 68 04 98

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW YORK CHANGES - CANCELLATION
AND NONRENEWAL

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART
 COMMERCIAL CRIME COVERAGE PART
 COMMERCIAL GENERAL LIABILITY COVERAGE PART
 COMMERCIAL INLAND MARINE COVERAGE PART
 COMMERCIAL PROPERTY COVERAGE PART
 EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART
 FARM COVERAGE PART
 LIQUOR LIABILITY COVERAGE PART
 PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

A. Paragraphs 1., 2., 3. and 5. of the CANCELLATION Common Policy Condition are replaced by the following:

1. The first Named Insured shown in the Declarations may cancel this entire policy by mailing or delivering to us advance written notice of cancellation.
2. **CANCELLATION OF POLICIES IN EFFECT:**

a. **60 DAYS OR LESS**

We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:

- (1) 30 days before the effective date of cancellation if we cancel for any reason not included in paragraph A.2.a.(2) below.
- (2) 15 days before the effective date of cancellation if we cancel for any of the following reasons:
 - (a) Nonpayment of premium;
 - (b) Conviction of a crime arising out of acts increasing the hazard insured against;
 - (c) Discovery of fraud or material misrepresentation in the obtaining of the policy or in the presentation of a claim;
 - (d) After issuance of the policy or after the last renewal date, discovery of an act or omission, or a violation of any policy condition,

that substantially and materially increases the hazard insured against, and that occurred subsequent to inception of the current policy period;

- (e) Material physical change in the property insured, occurring after issuance or last annual renewal anniversary date of the policy, that results in the property becoming uninsurable in accordance with our objective, uniformly applied underwriting standards in effect at the time the policy was issued or last renewed; or material change in the nature or extent of the risk, occurring after issuance or last annual renewal anniversary date of the policy, that causes the risk of loss to be substantially and materially increased beyond that contemplated at the time the policy was issued or last renewed;
- (f) Required pursuant to a determination by the Superintendent that continuation of our present premium volume would jeopardize our solvency or be hazardous to the interest of our policyholders, our creditors or the public;
- (g) A determination by the Superintendent that the continuation of the policy would violate, or would place us in violation of, any provision of the Insurance Code; or

COMMERCIAL GENERAL LIABILITY
CG 26 11 01 96

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW YORK CHANGES - PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

This endorsement modifies insurance provided under the following:

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

A. Paragraph 1.a of BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I - Coverages) is replaced by the following:

1. Insuring Agreement

a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" included within the "products-completed operations hazard" to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages even if the allegations of the "suit" are groundless, false or fraudulent. However, we will have no duty to defend the insured against any "suit" seeking damages for "bodily injury" or "property damage" to which this insurance does not apply. We may, at our discretion, investigate any "occurrence" and settle any claim or "suit" that may result. But:

- (1) The amount we will pay for damages is limited as described in LIMITS OF INSURANCE (SECTION III); and
- (2) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under SUPPLEMENTARY PAYMENTS.

B. The following is added as paragraph e. to the DUTIES IN THE EVENT OF OCCURRENCE, CLAIM OR SUIT Condition (paragraph 2. of Section IV - Products/Completed Operations Liability Conditions):

2. Duties in the Event of Occurrence, Claim or Suit

e. Notice given by or on behalf of the insured, or written notice by or on behalf of the injured person or any other claimant, to any agent of ours in New York State, with particulars sufficient to identify the insured, shall be considered to be notice to us.

C. The definition of "loading or unloading" in the DEFINITIONS Section does not apply.



POLICY NUMBER: 5031763587

COMMERCIAL GENERAL LIABILITY

CG 21 54 01 96

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**EXCLUSION - DESIGNATED OPERATIONS COVERED BY A
CONSOLIDATED (WRAP-UP) INSURANCE PROGRAM**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE**Description and Location of Operation(s):**

"ALL WRAP-UP INSURANCE PROGRAMS"

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The following exclusion is added to paragraph 2., Exclusions of COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I - Coverages):

This insurance does not apply to "bodily injury" or "property damage" arising out of either your ongoing operations or operations included within the "product completed operations hazard" at the location described in the Schedule of this endorsement, as a consolidated (wrap-up) insurance program has been provided by the

prime contractor/project manager or owner of the construction project in which you are involved.

This exclusion applies whether or not the consolidated (wrap-up) insurance program:

- (1) Provides coverage identical to that provided by this Coverage Part;
- (2) Has limits adequate to cover all claims; or
- (3) Remains in effect.

Policy Number
5031690768**Crum&Forster
Insurance**COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS
UNITED STATES FIRE INSURANCE COMPANYNamed Insured TRATAROS CONSTRUCTION INC
Agent Name ALLIED COVERAGE CORPEffective Date: 04-01-98
12:01 A.M., Standard Time
Agent No. C60688

Item 1. Business Description: CONSTRUCTION

Item 2. Limits of Insurance

General Aggregate Limit (Other Than Products - Completed Operations)	\$ 2,000,000	
Products - Completed Operations Aggregate Limit	\$ 1,000,000	
Personal and Advertising Injury Limit	\$ 1,000,000	
Each Occurrence Limit	\$ 1,000,000	
Fire Damage Limit	\$ 50,000	Any One Fire
Medical Expense Limit	\$ 5,000	Any One Person

Item 3. Retroactive Date

Covrances A and B of this Insurance do not apply to "bodily injury", "property damage", "personal injury" or "advertising injury" which occurs before the Retroactive Date, if any, shown here:

(Enter Date or "None" if no Retroactive Date applies)

Item 4. Form of Business and Location of Premises

Form of Business:

CORPORATION

Location of All Premises You Own, Rent or Occupy:

See Schedule of Locations

Item 5. Location of Premises

Code No. | Premium Basis
91340Location
001/001 | IF ANYClassification:
CARPENTRY - CONSTRUCTION OF RESIDENTIAL
PROPERTY NOT EXCEEDING THREE STORIES IN HEIGHTCode No. | Premium Basis
91342 PAYROLL/NEAREST THOUSANDLocation
001/001 | Exposure
\$Classification:
CARPENTRY - NOC

Premises/Operations

Rate Premium

Products/Completed Operations

Rate Premium

Premises/Operations

Rate Premium

Products/Completed Operations

Rate Premium

Item 6. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

Policy Number
5031690768

Crum&Forster
Insurance

SCHEDULE OF LOCATIONS
UNITED STATES FIRE INSURANCE COMPANY

Named Insured TRATAROS CONSTRUCTION INC
Agent Name ALLIED COVERAGE CORP

Effective Date: 04-01-98
12:01 A.M., Standard Time
Agent No. C60688

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy
001	001	664 64TH STREET, BAY RIDGE, NY 11220-0000	OFFICE /
002	001	105 PINEBROOK RD, MONMOUTH, NJ 07724-0000	
003	001	1 MAIN ST, FAIRFIELD, CT 06432-0000	
004	001	1 MAIN ST, BALTIMORE CITY, MD 21223-0000	
005	001	PARISH ST, STATEN ISLAND, NY 10314	
008	001	153 147TH STREET AND, AMSTERDAM AVENUE, NEW YORK, NY 10030-0000	
008	002	153 147TH STREET AND, AMSTERDAM AVENUE, NEW YORK, NY 10030-0000	
009	001	139 99TH STREET, BROOKLYN, NY 11209-0000	
010	001	660-664 64TH STREET, BROOKLYN, NY 11220-0000	
011	001	666 64TH STREET, BROOKLYN, NY 11220-0000	
012	001	654-658 64TH STREET, BROOKLYN, NY 11220-0000	
013	001	6402-10 7TH AVE., BROOKLYN, NY 11220-0000	
014	001	640-642-646 64TH STREET, BROOKLYN, NY 11220-0000	
015	001	WEST POINT MILITARY BASE, BEAR MOUNTAIN, NY 10911-0000	
016	001	BUILDING 3520, CONCORD STREET, FORT DIX, NJ 08640-0000	
017	001	PATUXENT RIVER NAVAIR BASE, PATUXENT NAVAL AIR TEST, MD 20670-0000	
018	001	GRAND CENTRAL STATION, NEW YORK, NY 10001-0000	
019	001	GREYHOUND BUS TERMINAL, NEW YORK, NY 10001-0000	

Policy Number
5031690768

**Crum&Forster
Insurance**

**SCHEDULE OF TAXES, SURCHARGES OR FEES
UNITED STATES FIRE INSURANCE COMPANY**

Named Insured TRATAROS CONSTRUCTION INC
Agent Name ALLIED COVERAGE CORP

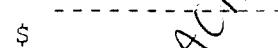
Effective Date: 04-01-98
12:01 A.M., Standard Time
Agent No. C60688

FM 6000959 (CONT.)

TAXES/SURCHARGES DETAILED BREAKDOWN :

NYEFLF
NJ PLIGA SURCHARGE

TOTAL TAXES/SURCHARGES

\$ 

REDACTED

Policy Number
5031690768

Crum&Forster
Insurance

PREMIUM PAYMENT SCHEDULE
UNITED STATES FIRE INSURANCE COMPANY

Named Insured TRATAROS CONSTRUCTION INC
Agent Name ALLIED COVERAGE CORP

Effective Date: 04-01-98
12:01 A.M., Standard Time
Agent No. C60688

IT IS HEREBY AGREED AND UNDERSTOOD THAT THIS POLICY IS
PAYABLE ON INSTALMENTS AS FOLLOWS:

DUE	SERVICE CHARGE	PREMIUM	GRAND TOTAL
DEPOSIT	04/01/98		
INSTALL	05/01/98		
INSTALL	06/01/98		
INSTALL	07/01/98		
INSTALL	08/01/98		
INSTALL	09/01/98		
INSTALL	10/01/98		
INSTALL	11/01/98		
INSTALL	12/01/98		

REDACTED

Failure to pay the Installment Premium by the Date Due shown shall constitute non-payment of premium for which we may cancel this policy.

Policy Number
5031690768

Crum&Forster
Insurance

COMMERCIAL GENERAL LIABILITY COVERAGE SCHEDULE
UNITED STATES FIRE INSURANCE COMPANY

Named Insured TRATAROS CONSTRUCTION INC
Agent Name ALLIED COVERAGE CORP

Effective Date: 04-01-98
12:01 A.M., Standard Time
Agent No. C60688

Item 5. Location of Premises

Location of All Premises You Own, Rent or Occupy:

See Schedule of Locations

Code No. 92338	Premium Basis PAYROLL/NEAREST THOUSAND	Premises/Operations	
Location 003/001	Exposure \$	Rate	Premium
Classification: DRY WALL OR WALLBOARD INSTALLATION		Products/Completed Operations	
<i>REDACTED</i>		Rate	Premium
Code No. 92478	Premium Basis PAYROLL/NEAREST THOUSAND	Premises/Operations	
Location 003/001	Exposure \$	Rate	Premium
Classification: ELECTRICAL WORK - WITHIN BUILDINGS		Products/Completed Operations	
<i>REDACTED</i>		Rate	Premium
Code No. 98482	Premium Basis PAYROLL/NEAREST THOUSAND	Premises/Operations	
Location 003/001	Exposure \$	Rate	Premium
Classification: PLUMBING - COMMERCIAL AND INDUSTRIAL		Products/Completed Operations	
<i>REDACTED</i>		Rate	Premium
Code No. 91585	Premium Basis TOTAL COST/NEAREST THOUSAND	Premises/Operations	
Location 005/001	Exposure \$	Rate	Premium
Classification: CONTRACTORS - SUBCONTRACTED WORK - IN CONNECTION WITH CONSTRUCTION, RECONSTRUCTION, REPAIR OR ERECTION OF BUILDINGS - NOC		Products/Completed Operations	
<i>REDACTED</i>		Rate	Premium

Policy Number
5031690768

Crum&Forster
Insurance

COMMERCIAL GENERAL LIABILITY COVERAGE SCHEDULE
UNITED STATES FIRE INSURANCE COMPANY

Named Insured TRATAROS CONSTRUCTION INC
Agent Name ALLIED COVERAGE CORP

Effective Date: 04-01-98
12:01 A.M., Standard Time
Agent No. C60688

Item 5. Location of Premises

Location of All Premises You Own, Rent or Occupy:

See Schedule of Locations

Code No.	Premium Basis	Premises/Operations	
91590	PAYROLL/NEAREST THOUSAND		
Location	Exposure	Rate	Premium
005/001	\$		
Classification: CONTRACTORS PERMANENT YARDS - MAINTENANCE OR STORAGE OF EQUIPMENT OR MATERIAL			
<i>REMAINED</i>			
Code No.	Premium Basis	Premises/Operations	
92338	PAYROLL/NEAREST THOUSAND		
Location	Exposure	Rate	Premium
005/001	\$		
Classification: DRY WALL OR WALLBOARD INSTALLATION			
<i>REMAINED</i>			
Code No.	Premium Basis	Premises/Operations	
92478	PAYROLL/NEAREST THOUSAND		
Location	Exposure	Rate	Premium
005/001	\$		
Classification: ELECTRICAL WORK - WITHIN BUILDINGS			
<i>REMAINED</i>			
Code No.	Premium Basis	Premises/Operations	
94569	PAYROLL/NEAREST THOUSAND		
Location	Exposure	Rate	Premium
005/001	\$		
Classification: FLOOR COVERING INSTALLATION - NOT CERAMIC TILE OR STONE			
<i>REMAINED</i>			
Code No.	Premium Basis	Premises/Operations	
94570	PAYROLL/NEAREST THOUSAND		
Location	Exposure	Rate	Premium
005/001	\$		
Classification: FLOOR COVERING INSTALLATION - NOT CERAMIC TILE OR STONE			
<i>REMAINED</i>			

Policy Number
5031690768

**Crum&Forster
Insurance**

COMMERCIAL GENERAL LIABILITY COVERAGE SCHEDULE
UNITED STATES FIRE INSURANCE COMPANY

Named Insured TRATAROS CONSTRUCTION INC
Agent Name ALLIED COVERAGE CORP

Effective Date: 04-01-98
12:01 A.M., Standard Time
Agent No. C60688

Item 5. Location of Premises

Location of All Premises You Own, Rent or Occupy:

See Schedule of Locations

Code No.	Premium Basis	Premises/Operations	
98304	PAYROLL/NEAREST THOUSAND		
<i>REDACTED</i>			
Location	Exposure	Rate	Premium
005/001	\$		
<i>REDACTED</i>			
Classification: PAINTING - EXTERIOR - BUILDINGS OR STRUCTURES - THREE STORIES OR LESS IN HEIGHT - NOC			
Code No.	Premium Basis	Premises/Operations	
98482	PAYROLL/NEAREST THOUSAND		
<i>REDACTED</i>			
Location	Exposure	Rate	Premium
005/001	\$		
<i>REDACTED</i>			
Classification: PLUMBING - COMMERCIAL AND INDUSTRIAL			
Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
005/001			
<i>REDACTED</i>			
Classification: REEDING - COMMERCIAL AND INDUSTRIAL			
Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
005/001			
<i>REDACTED</i>			
Classification: PAINTING - EXTERIOR - BUILDINGS OR STRUCTURES - THREE STORIES OR LESS IN HEIGHT - NOC			
Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
005/001			
<i>REDACTED</i>			
Classification: PAINTING - EXTERIOR - BUILDINGS OR STRUCTURES - THREE STORIES OR LESS IN HEIGHT - NOC			
Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
005/001			
<i>REDACTED</i>			